



Federal Update for March 19 – April 1, 2016



Military Records/DD-214 Update

Available Online

It's official; DD-214s are NOW Online. Please pass on to other vets. The National Personnel Records Center (NPRC) has provided the following website for veterans to gain access to their DD-214s online: <http://vetrecs.archives.gov> or try <http://www.archives.gov/veterans/military-service-records>. This may be particularly helpful when a veteran needs a copy of his DD-214 for employment purposes. NPRC is working to make it easier for veterans with computers and Internet access to obtain copies of documents from their military files.

Military veterans and the next of kin of deceased former military members may now use a new online military personnel records system to request documents. Other individuals with a need for documents must still complete the Standard Form 180, which can be downloaded from the online web site. Because the requester will be asked to supply all information essential for NPRC to process the request, delays that normally occur when NPRC has to ask veterans for additional information will be minimized. The new web-based application was designed to provide better service on these requests by eliminating the records centers mailroom and processing time. [Source: Vet Council - St Johns Cnty FL | Michael Rothfeld | March15, 2016 ++]

DoD/VA Seamless Transition Update

2012 Problems Not Mitigated

Five years ago, Congress mandated the creation of the first medical center to be operated by both the departments of Defense and Veterans Affairs as a model for joint delivery of health care across both agencies. In its short history, however, the Chicago-based Federal Health Care Center has struggled with costly IT and planning issues, according to a new Government Accountability Office report. The report suggests IT infrastructure problems, first identified in 2012 when a \$122 million project went over budget, have not been mitigated. Both VA and DOD share resources at the facility, but to accommodate the agencies' different network security standards, they share resources over three networks -- not one. The resulting complexity has "impeded efficiency" for staff of both agencies to consistently access VA and DOD's electronic health records system, according to the report.

Through upgrades and expanded data sharing support, DOD and VA have tried to improve the health care center's IT infrastructure reliability. Aside from using a single network, there seems to be no clear-cut solution. In responses to the GAO report, officials said a single-network IT infrastructure **is not going to happen**. "VA and DOD officials told GAO that the departments do not plan to resolve differences in network security standards to the extent that the FHCC would be able to have a single-network IT infrastructure," the report stated. "According to VA officials, this is due, at least in part, to the departments' different missions."

The problems uncovered in GAO's latest report is, in one sense, a physical manifestation of the massive struggle between VA and DOD to seamlessly share electronic health records. The two agencies' respective systems each manage some 10 million beneficiaries. Pentagon officials believe they are ready to certify health records interoperability required by the 2014 National Defense Authorization Act, but Congress and its watchdogs contend such interoperability is years away. Last year, the Pentagon awarded Leidos and its partners a \$9 billion contract to develop its next-generation electronic health records system. By 2022, Pentagon officials expect its commercial system to be

“interoperable and running” with VA and other commercial platforms. [Source: Next.gov | Frank Konkel | March 2, 2016 ++]

VA Goals

Improving the Veteran Experience is #1

Improving the veteran experience is at the top of the list of priorities for the Veterans Affairs Department. Literally. Displayed in the lobby entrance to VA’s Washington, D.C., headquarters is a large poster board emblazoned with the image of former President Abraham Lincoln and 12 “breakthrough priorities.” The poster board is signed by dozens of VA employees, signaling a renewed commitment – as Lincoln called for in his second inaugural address – “To care for him who shall have borne the battle.” VA Secretary Bob McDonald announced the new priorities to Congress in early 2016, but work to improve the veteran experience began in earnest shortly after McDonald was confirmed by the Senate in mid-2014.

One of McDonald’s first major actions was hiring Tom Allin as the agency’s first chief veteran experience officer. Allin, who previously served as the CEO of a large Asia-based foods company, brought private sector experience to an agency mired in national scandals, disability claims backlogs and bureaucracy. “We excel in bureaucracy, and I’ll put our bureaucracies up against yours any day,” Greg Giddens, acting chief acquisition officer for VA, said Tuesday. “But the secretary came in and saw us as an organization that looked at ourselves from the inside out. He challenged us to think about how VA looks from the outside in, and how veterans look at VA. Veterans don’t see VA as an organization chart; they see it as an organization that is supposed to focus on their needs.”

VA may not yet be on par with customer experience stalwarts of the private sector like Amazon and Disney – very few federal agencies are – but VA officials say they’re on the right track. VA recently launched a beta version of www.Vets.gov, a website site that intends to eventually give veterans single sign-on access to thousands of online services. The single site is a response to the troubling confusion Allin said he experienced shortly after he was hired, when he learned VA has upward of 1,000 different websites pertaining to veterans’ needs. If a veteran tries searching on Google, “it’s just about impossible to get something done,” Allin said last August. VA also began consolidating its 950 toll-free numbers to VA facilities and health centers to simplify the process by which veterans reach contact centers. Additionally, VA is modernizing its approach to contact centers, striving for a “unified experience for veterans,” Giddens said, which means “collecting and securely sharing” the right data sets.

VA’s effort to improve the veteran experience has had other effects, too. The disability claims backlog, which once topped 600,000, has been reduced to 75,000, its lowest rate since VA began measuring the statistic in 2009. By the end of 2016, vets who enter a VA medical center will have their clinical needs addressed within the day, under VA’s new targets. Another goal is to provide veterans a faster decision when they appeal compensation decisions. Ninety percent should have an answer within a year. [Source: NextGov | Frank Konkel | March 23, 2016 ++]

VA Services

How to Make It A More Pleasant Experience

Have you noticed that the outspoken majority on social media have complaints instead of praise for VA services. Negative experiences motivate these Vets to post their complaints more so than positive experiences. You and I at some point will fall through the cracks just like they have unless we become our own advocates. No matter how great an organization is it will happen. That is reality, but it doesn’t have to negatively affect your experience. To have a better experience than others keep in mind that the VA is not the military; you can’t wait around until you are told to do something. Veteran Tim Huda says you must advocate for yourself. But it’s so much more than being proactive, it’s using all of your available resources. Try using the following guidelines Huda uses to enhance your VA experiences:

Schedule your appointments first thing in the morning or right after lunch. You will be seen on time.

VA docs are not bound by quotas to see as many patients as possible despite the need. They focus on quality visits. (My last annual checkup was an hour) They tend to run over their scheduled times, often sacrificing their lunch breaks.

Scheduling an appointment first thing in the morning or right away after lunch is one of my tricks to always be seen on time. It also makes it easy for you to be early and on time.

Have a referral to a specialty clinic? Call that clinic yourself to schedule an appointment.

If you wait around for the clinic to call you, it may be a few weeks. Sometimes VA will automatically schedule you. If so, you may not be happy when the appointment time frame is inconvenient for you. So don't let it happen in the first place. Ask your physician or nurse for the phone number or location of that clinic and call or go there, tell them you have a referral and set a time that works for you.

Ask for an appointment tomorrow.

VA reports on a metric that claims majority of Veterans receive their appointments within 14 days of the desired date. I've always been curious to that number because no one ever asks me when I want to come in, rather tell me when I can come in. So, I decided to start asking for an appointment tomorrow, and it almost always works! I routinely will have an appointment within two weeks.

Use My HealtheVet secure messenger to talk to your physician

Have a question? Ask. Need a new appointment? Ask. Need to check your appointment schedule? Need to refill a medication? You can literally solve your own problems in a few clicks at <https://www.myhealth.va.gov/mhv-portal-web/anonymous.portal? nfpb=true& nfto=false& pageLabel=mhvHome>. This is a game changer if you aren't already using it. Every facility has a My HealtheVet coordinator and most staff can help you if you run in to any technical problems.

Choose a different VA.

You have the right to go to any VA facility you want to. Yes, it may be more inconvenient, but you have that right. I have a friend who plans a trip home every few months and schedules his appointments all in one day at his hometown VA because he likes it so much. Note that if you choose not to use the closest VA to you, you will not be eligible to receive travel pay to the one you select.

Walk in to the emergency room if you need anything

If you can't wait, use the ER. At the least, they will put in a referral and you can walk to the hospital to be seen. If you have a referral, you can usually talk to the clinic front desk and offer to wait around until a spot opens. I'm not advocating to use this needlessly, but if your condition is getting worse or you feel you need to be seen sooner than your appointment, use the ER. Please, please, please don't wait around for VA to contact you if you have an urgent need.

Use the kiosks.

Don't wait around to check in for your appointment. Use the kiosk and avoid the lines. Every time I'm at VA there is a line at the front desk and a few kiosks open. The kiosk will even tell you if you are in the right area or not.

Prepare and double check.

If you are like me, you see your doctor once or twice a year. When I go, I bring a laundry list of issues I want addressed. As you go down your list with your doc, cross them out or write down the clinic he/she is referring you to. Verify at the end of the visit that the physician entered your referrals, mistakes can happen and you want to make sure you catch them before you leave.

Have a problem? Speak up.

Every facility has quarterly town hall meetings that you can attend to speak with the leadership. They hold these meetings because they want to hear your feedback. You can also speak with a patient advocate about anything. The best and quickest way to get a response or a solution is contacting your primary healthcare team via My HealtheVet secure messaging or calling their office. [Source: Vantage Point | Tim Huda | March 16, 2016 ++]

VA Benefits Denials

125,000 Iraq & Afghanistan Vets / Bad Paper

Joshua Bunn was a rifleman in one of the bloodiest valleys in Afghanistan, where his infantry unit killed hundreds of enemy fighters and lost more comrades than any other battalion in the Marine Corps in 2009. "We were so far out in Taliban country we rarely got resupply," Mr. Bunn, 27, said in an interview from his apartment in Jonesboro, Ark. "We just got rockets and small-arms fire every day." After deployment, Mr. Bunn, suicidal and haunted by nightmares, went absent without leave. The Marine Corps charged him with misconduct and gave him another-than-honorable discharge. As a consequence, the Department of Veterans Affairs does not technically consider Mr. Bunn a veteran and has denied him permanent health care, disability pay and job training intended to ease his return to civilian life. According to a new report, he is one of a growing number of veterans ruled ineligible for benefits because of less-than-honorable discharges.

Former members of the military like Mr. Bunn are being refused benefits at the highest rate since the system was created at the end of World War II, the report said. More than 125,000 Iraq and Afghanistan veterans have what are known as "bad paper" discharges that preclude them from receiving care, said the report, released 30 MAR by the veterans advocacy group Swords to Plowshares. The report for the first time compared 70 years of data from the Departments of Defense and Veterans Affairs. It found that veterans who served after 2001 were nearly twice as likely as those who served during Vietnam to be barred from benefits, and four times as likely as men and women who served during World War II. "We separate people for misconduct that is actually a symptom of the very reason they need health care," said Coco Culhane, a lawyer who works with veterans at the Urban Justice Center in New York.

About 6.5 percent of all Iraq and Afghanistan troops have bad paper discharges, the report said. The highest rate is found in the Marine Corps, where one in 10 is now ineligible for benefits. "It has gotten worse with every generation, and it appears to hit the veterans Congress intended to protect," said Bradford Adams, a lawyer and an author of the report. "They knew these folks had been through combat, and wanted to make sure they had help. The V.A. doesn't seem to be doing that." Specifically who is eligible for veterans benefits was detailed in the original Servicemen's Readjustment Act of 1944, also known as the G. I. Bill. The law barred troops with dishonorable discharges — those convicted at court-martial of serious crimes — as well as spies, deserters and a few others considered particularly heinous. To allow leeway for less serious misconduct that might result from combat, Congress left open the door to benefits for a spectrum of discharges between honorable and dishonorable, including "undesirable" and "other than honorable."

"We are trying to give the veteran the benefit of the doubt, for we think he is entitled to it," Harry W. Colmery, a World War I veteran who wrote most of the G. I. Bill, told Congress at a hearing in 1944 before the bill was passed. The rising proportion of ineligible veterans is largely due to the military's increasing reliance on other-than-honorable discharges, which have been used as a quick way to dismiss troubled men and women who might otherwise qualify for time-consuming and expensive medical discharges. The G. I. Bill instructed the veterans agency to care for veterans if their service was "other than dishonorable." The agency interpreted this as excluding "other than honorable" discharges.

Though veterans can apply for a category upgrade, the process is confusing, inconsistent and slow, Mr. Adams said. Only 10 percent of veterans are successful; a decision takes, on average, four years, the report said. In some regions, all requests are rejected. In a statement, the deputy secretary of veterans affairs, Sloan D. Gibson, said he welcomed the report's findings. "Where we can better advocate for and serve veterans within the law and regulation, we will look to do so as much as possible," he said. Research has shown that veterans with bad paper discharges may be more likely to commit suicide. Those with untreated post-traumatic stress disorder are at higher risk of drug abuse and incarceration.

Ted Wilson, a Vietnam veteran in Concord, Calif., was hospitalized in 1966 in Okinawa, Japan, for a suicide attempt days after he participated what he called a "village massacre." When the Marine Corps sent him back to combat, he went AWOL and got an undesirable discharge in 1968. He fell into a drug abuse and crime and spent years in prison. "I had to deal with everything myself," he said. "Maybe having help would have made a difference." Mr. Bunn feels the same. He was hospitalized for slashing his wrists when he got home from Afghanistan. He then became a target of abuse in his platoon and was denied help, he said, so he ran away from his base in California. When he was caught in 2010, he said, he was told that a medical discharge would take years, and that he would be better off voluntarily taking an other-than-honorable discharge. Now he works part time as a dishwasher but finds it hard to keep a job, he said. He has been in and out of jail. He has five years of health care given to all combat veterans, which is set to run out this year. "I really don't

know what I'm going to do," he said. "Afghanistan happened, and I'm a whole different person. But no one really wants to hear that." [Source: The New York Times | Dave Philipps | March 30, 2016 ++]

Military Sexual Trauma Update

VA Offers Free Service to Help Vets

Military sexual trauma (MST) is the term that the Department of Veterans Affairs uses to refer to sexual assault or repeated, threatening sexual harassment that occurred while the Veteran was in the military. It includes any sexual activity in which one is involved against one's will – he or she may have been pressured into sexual activities (for example, with threats of negative consequences for refusing to be sexually cooperative or with implied faster promotions or better treatment in exchange for sex), may have been unable to consent to sexual activities (for example, when intoxicated), or may have been physically forced into sexual activities. Other experiences that fall into the category of MST include unwanted sexual touching or grabbing; threatening, offensive remarks about a person's body or sexual activities; and/or threatening or unwelcome sexual advances.

Both women and men can experience MST during their service. All Veterans seen at Veterans Health Administration facilities are asked about experiences of sexual trauma because we know that any type of trauma can affect a person's physical and mental health, even many years later. We also know that people can recover from trauma. VA has free services to help Veterans do this. You do not need to have a VA disability rating (i.e., "service connected") to receive these services and may be able to receive services even if you are not eligible for other VA care. You do not need to have reported the incident(s) when they happened or have other documentation that they occurred.

VA's website <http://www.mentalhealth.va.gov/msthome.asp> has information about the health care services that VA has available for Veterans who experienced MST. For information about VA disability compensation for conditions related to MST, view this fact sheet about Disability Compensation for Personal Assault or Military Sexual Trauma at <http://www.benefits.va.gov/BENEFITS/factsheets/serviceconnected/MST.pdf>. For help with treatment and health care related to experiences of MST, please contact your local VA Medical Center and ask to speak to the MST Coordinator. For help with disability compensation related to MST, contact the MST Coordinator at your local Veterans Benefits Administration Regional Office at <http://www.benefits.va.gov/benefits/mstcoordinators.asp>. [Source: Veterans Benefits Administration | March 29, 2016 ++]

VA Suicide Prevention Update

Crisis Line Access

U.S. Rep. Rick Nolan has received assurances from Department of Veterans Affairs (VA) Secretary Robert McDonald that by the end of December, any military Veteran who telephones the VA will have the opportunity to be connected to a crisis counselor by pressing a button, without hanging up to dial a special crisis line. McDonald made the commitment to Nolan during a meeting with members of the Minnesota Congressional Delegation in Minneapolis arranged by U.S. Rep. Tim Walz, a leading member of the House Veterans Affairs Committee.

"Those who attended the Veterans roundtables Congressman Walz and I held late last summer in Brainerd and Duluth repeatedly voiced concern that a Veteran calling the VA, possibly on the verge of suicide, can't be put in the position of getting a recording instructing them to hang up and dial another number to get emergency counseling," Nolan explained. Nolan continued, "A Veteran in crisis needs to be able to immediately connect with a trained counselor from any VA phone line, not just the Veterans Crisis Line. That was the message Congressman Walz and I took to Secretary McDonald after our meetings with Minnesota Veterans, and we are gratified that he and his team are committed to making the necessary improvements. Congressman Walz in particular deserves enormous credit and thanks for his leadership on behalf of the heroes who have served our nation in the military, and for bringing Secretary McDonald to Minnesota this week to answer our questions and hear our concerns."

At the meeting, McDonald explained that much of the VA telephone system is antiquated and can't be reprogrammed to connect Veterans to a crisis counselor. He termed the current situation, which requires a Veteran in crisis to hang up and

redial the special Veterans Crisis Line, “unacceptable,” adding “By the end of the year we’ll have that fixed.” McDonald said that of the estimated 22 U.S. military Veterans who commit suicide every day, 17 have made no previous connection to the VA. He said suicides are particularly prevalent among Vietnam Veterans, and that connecting Vietnam Veterans to the VA is a top priority as the agency continues a major effort to modernize and restructure. [Source: LPTV News | Paul Stokes | March 28 2016 ++]

VA Vet Choice Program Update

Provider Tiers

At a hearing of the House Veterans Affairs Health Subcommittee in late MAR representatives of the Department of Veterans Affairs explained how the VA plans to manage an overhaul of the VA’s new Choice Program. According to an article on Federal News Radio.com, the VA wants to “let veterans choose whether they want to access a VA medical center or a private sector provider in the community for care. If the veteran chooses community care, he or she can pick a VA-approved provider from the network list.” The VA would organize a list of providers into three tiers:

- The first tier would consist of VA medical centers, DoD medical facilities, Indian Health Service medical facilities, Tribal health programs and federally qualified health center providers.
- The second tier would be community health care providers which will have been rated by the VA as the top in the quality of the health care they give.
- The third tier would be other community health care providers who would meet standard VA criteria.

The VA would still schedule most of the appointments within the VA system and those with private practitioners according to the plan. However, the congressional members of the committee expressed skepticism about the VA’s plans and noted that it was the poor performance of the VA in scheduling appointments that was the cause of the scandal that rocked the VA starting in 2014. The VA spokesman pointed out that under the current Choice Program a private contractor schedules the appointments for veterans and that VA has heard from veterans that they are tired of having to go through a “middleman.” He said that besides hearing complaints from veterans about having to deal with a middleman, the VA wants “... to figure out a way to get that information back, so when they do come back to the VA if they have to see another doctor, we have the clinical information from that community provider.”

Several members of the House committee felt there were too many levels of the VA bureaucracy in the new proposal. However, the spokesman reminded them that the VA is responsible for determining who is eligible for VA health care and for making sure the providers outside of the department get paid and that the VA has systems in place to do that. Both the House and Senate veterans committees are working on legislation to fix the problems that have arisen in the Choice Program and it is expected that they will pass legislation before the end of this year. [Source: TREA Washington Update | March 28, 2016 ++]

VA Vet Choice Program Update

Private Sector Marketing Concerns

A leading hospital system in the U.S. is courting military veterans with a multimillion-dollar ad campaign, raising concerns from some veterans groups that private sector marketing could weaken the Department of Veterans Affairs health care system. The campaign tag lines — “Veterans have a choice in healthcare” and “You honored your oath, and so do we” — emphasize consumer preference and the shared values of medical professionals and the military. Starting 28 MAR TV, radio, print and online ads by St. Louis-based Ascension Health’s will urge veterans to call a toll-free number for information about Veterans Choice, the cornerstone of the VA overhaul approved in 2014, which makes it easier for veterans to receive federally paid medical care from local doctors. Veterans groups say it’s the first large-scale marketing to Choice-eligible veterans.

Vets are wary of proposals to privatize the VA health system and fear that draining off patients and dollars could hurt the VA in the long term, said Louis Celli of the American Legion, the nation’s largest veterans group. While they supported the Choice legislation following a scandal over long wait times and falsified records, most want the program to remain temporary, he said. The VA said it encourages veterans to make sure they are eligible for the Choice program

before signing up for private care. More than 4.6 million veterans used VA health care last year, and the VA says it has reduced its waiting list while authorizing millions of veterans to receive care in the private sector. Congress approved \$10 billion over three years for the Choice program, money that will go to private sector providers at Medicare rates, a potentially valuable revenue stream. To be eligible, veterans must live more than 40 miles away from a VA medical facility or face a long wait for VA care.

"No community is more vulnerable than veterans," said Ascension spokesman Nick Ragone. "Our mission is to serve those who are underserved, no matter what the revenue stream or reimbursement levels." Ascension, the nation's largest nonprofit health care system with facilities in 24 states, estimates its efforts could lead to 24,000 veterans a year getting care from its providers, helping the VA reduce its backlog of cases. Ascension supports extending the Choice program beyond its 2017 expiration and will air ads in Washington, D.C., Ragone said. "We're looking to continue to be part of the solution," he said. Ascension plans to train providers in veterans' issues and has hired veterans in each of its markets to help new patients navigate the requirements of the Choice program, Ragone said. Some veterans groups are skeptical, however, about whether Ascension can live up to its marketing. "How many mechanical arms have they fitted recently?" said Celli after seeing an Ascension ad depicting a veteran with a prosthetic arm. "This campaign suggests that veterans are interchangeable with anyone else in society (paste head here), which clearly shows that they just don't get it."

Terri Tanielian, a Rand senior research analyst, said many private sector providers lack training in military culture and combat-related health conditions. Her research — a 2014 survey of mental health professionals — found only 13 percent met standards for culturally competent, evidence-based care for veterans. Ascension's ad campaign could lead to unexpected medical bills if veterans seek private sector care without making sure they're eligible, said Carlos Fuentes of Veterans of Foreign Wars. "If we hear from veterans that Ascension facilities are improperly billing them, we would object," Fuentes said. "The most important part is that (Ascension) keep their information and materials up to date. I commend them if they're up to that task." [Source: The Associated Press | March 25, 2016 ++]

VA Budget 2017 Update

In Limbo During House/Senate Recess

The House Appropriations Committee on 22 MAR advanced an \$81.6 billion 2017 military construction and Veterans Affairs bill, though the lower chamber's budget blueprint remains stalled. The bill, which funds Pentagon infrastructure and veterans programs, includes \$1.2 billion less than President Barack Obama's budget request, but \$1.8 billion more than last year's level. The spending bill comes amid House Republican infighting over whether to stick to last year's budget deal between Obama and former House Speaker John Boehner (R-OH) which set spending at \$1.07 trillion. Fiscal hawks in the House Freedom Caucus are calling for a \$30 billion cut to match 2011 budget caps eased by the 2015 deal, citing the nation's economic security. Despite House Speaker Paul Ryan's calls for regular order, the budget blueprint remained in limbo as the House went into recess through 11 APR. The Senate, in recess since 18 MAR, returns 4 APR.

At the hearing to mark up the Military Construction and Veterans Affairs Subcommittee's "milcon-VA" bill on 23 MAR, House Appropriations Committee Chairman Hal Rogers (R-KY) touted the timing of the legislation, which comes several weeks before it was passed in 2015. "I want to commend you for working through your hearings expeditiously and putting this bill together in a very timely manner, at our request," Rogers said. The Appropriations Committee's ranking democrat, Nita Lowey, of New York, on the other hand lamented the "most extreme voices in the Republican party have taken over" and condemned the movement to renege on the budget deal. "It seems we are not on track for regular order or responsible governing as we are leaving for almost three weeks of recess. How irresponsible is that?" she said.

Debates over the defense portion of the budget blueprint continue, particularly its use of the Overseas Contingency Operations (OCO), which is exempt from budget caps, to fund defense. The plan, passed by the House Budget Committee on March 16, sets \$574 billion in base budget requirements, with some funded through the base budget and some through OCO. Defense hawks argue that leaves OCO funding \$18 billion short of the activities the president has asked for, and that it would be up to the next administration to address it through a supplemental funding measure. At Tuesday's House Armed Services hearing, Tactical AirLand subcommittee Chairman Mike Turner (R-OH) said the president's budget request fell short of the Bipartisan Budget Act, and Defense Secretary Ash Carter pushed back.

"We're going to have to agree to disagree about that — about whether we budgeted to the BBA, because we believe we did," Carter said.

At the HASC, a key Democrat on the committee, Rep. Susan Davis, of California, questioned Carter on the wisdom of funding base requirements through OCO. Carter did not express an objection to the arrangement. "Generally speaking, the base and the OCO budgets have different managerial purposes," Carter said. "The base budget is for things that are enduring, meeting enduring requirements, and OCO is for the variable costs associated with urgent, ongoing operations. That's still largely true, but it's not completely true." On Wednesday, one Freedom Caucus member, Rep. Mark Sanford (R-SC) expressed concern that OCO, which originated as a wartime fund, was being "gamed" to fund baseline needs, and he disputed assertions that DoD is underfunded. "Look at the other 10 largest industrialized countries. They're spending a de minimis among of their GDPs on defense, and they're in essence resting on us to take care of it," Sanford said. "I don't know that's going to be sustainable."

Sanford, a Budget Committee member, voted for the plan in committee but is expected to vote against it on the House floor. He said the success of the budget resolution is "not contingent upon defense" and called for "a degree of reformation in every part of government." "The concern for the budget hawks, and I'm one of those, is that the numbers in the long run don't add up, and we will have a much bigger squeeze on defense spending unless we get our financial house in order," Sanford said. "If we can't cut tens of billions now, how will we do it down the road?" When the Budget Committee met 16 MAR to consider the budget plan, Rep. Barbara Lee (D-CA) offered a failed amendment to prevent any OCO increase, calling it a wasteful "slush fund," improperly exploited to skirt spending caps. "We know it has expanded beyond what any contingency fund should be," she said, "and it's really a black box with no oversight." [Source: Defense News | Joe Gould | March 24, 2016 ++]

VA Fiduciary Program Update

Additional Beneficiaries Identified

The VA fiduciary program provides oversight of beneficiaries who, due to injury, disease, or the infirmities of age, are unable to manage their VA benefits. VA's role is to conduct oversight of beneficiaries to ensure their well-being, and oversee the fiduciaries it appoints to assist beneficiaries with the management of their VA benefits. In 2015, VA protected more than 224,000 beneficiaries, who received over \$3 billion in VA benefits. Beneficiaries in the fiduciary program include Veterans, surviving spouses, dependent parents, adult children, and minor children. The number of beneficiaries served by the program has grown by 50 percent since 2011 and VA projects continued growth as it increases its benefit claims production (1.4 million claims in 2015) and the beneficiary population ages.

DVA announced 24 MAR that an information technology system that it deployed in 2014 and enhanced in 2015, the Beneficiary Fiduciary Field System, allowed it to identify claim processing errors affecting approximately 14,000 Veterans and survivors. These Veterans' and survivors' claims were initially filed over many years, with some going back as far as 2000. The errors concern cases in which VA had proposed that due to disability or age the beneficiary was unable to manage his or her VA benefits without assistance, but did not complete the action by transferring it within VA for appointment of a fiduciary. These cases represent approximately four percent of such proposals since 2000.

VA's Veterans Benefits Administration (VBA) became aware of a potential problem when it received inquiries about delayed fiduciary appointments from affected beneficiaries or their families. A system-wide review by VBA using the new technology found claim processing errors that had occurred at each of its regional offices and pension management centers across the country. In these cases, one or more of the procedures for controlling and transferring the workload were not followed, resulting in the fiduciary appointment delays. "We sincerely apologize to these Veterans and their survivors for this regrettable delay," said VA Deputy Secretary Sloan D. Gibson. "We are taking immediate action to complete these cases, initiate the fiduciary appointment process, and ensure that these errors do not happen again. We must also continue to transform the claim process for beneficiaries needing fiduciary assistance and properly resource our fiduciary program to ensure that beneficiaries have the help they need to effectively use the benefits they earned."

VBA has set up a dedicated team to immediately review the cases, notify beneficiaries, complete the claim processing steps, and appoint a fiduciary as quickly as possible. Because the law requires VA to check the qualifications of the

fiduciaries it appoints, including conducting a face-to-face interview, VA anticipates that it may take as much as six months or more to complete the fiduciary appointment process for these beneficiaries. However, the beneficiaries will continue to receive their monthly benefits as VA works to appoint a fiduciary to assist them. Additionally, VBA has already modified its systems to better track this workload and plans to remove manual transfer processes that are prone to error through enhancements to its automated claims processing system, the Veterans Benefits Management System. For more information, Veterans can contact (1-888-407-0144). [Source: VA News Release | March 24, 2016 ++]

VA Caregiver Program Update

Caregiver Support Services

VA caregiver benefits provide financial, medical, and peer help for family members that support veterans. Roughly 5.5 million people serve as caregivers for veteran family members. The Department of Veterans Affairs has a lesser known benefit for these family members. Known as **Caregiver Support Services**, these benefits aim to help family members who are tasked with the primary care of a disabled veteran. The services available include access to a caregiver support line, support coordinator, peer support for caregivers, adult day health care centers, and home care, among other things. One portion of this benefit — aimed specifically at post-9/11 veterans' families — is the services for family caregivers of post-9/11 veterans under the "Caregivers and Veterans Omnibus Health Services Act of 2010."

Those benefits can include access to a monthly stipend, travel expenses, health insurance, mental health services, VA caregiver training provided by Easter Seals, and respite care, and are meant to ease both the physical, mental, and sometimes financial burden of supporting a veteran as a caregiver. If awarded, the stipend amount is based on the weekly number of hours of personal care services that an eligible veteran requires during the month. In order to determine the scope of benefits offered to a caregiver, the VA assigns a patient-aligned care team, which uses a three-tier system to evaluate the eligible veteran. According to the VA, a high-tier veteran equates to a maximum of 40 hours of care per week, the medium tier equates to a maximum of 25 hours of care per week, and the low tier equates to a maximum of 10 hours of care per week.

Task & Purpose spoke with caregiver Emery Popoloski, who is currently receiving aid under the program, about her experience with the VA's caregiver program. Her husband is a combat disabled veteran who fought in Iraq. "I was about a year and a half into my caregiver journey ... I was just 25," she said. "All my friends were just getting married, nobody had kids, nobody understood what it was like to have a spouse that was 100% dependent on me." That is the importance of the program, she said. It not only connects caregivers to services like stipends and in-home care, but also provides a network of people who are going through similar experiences. Being well-versed in the program, Popoloski now serves as the caregiver community program coordinator at the Elizabeth Dole Foundation — a group that helps military families and caregivers by strengthening the services afforded to them. She was recently promoted to serve as their fellowship program coordinator.

Her work has also led her to involvement with the Tragedy Assistance Program for Survivors, which is one of a number of advocacy groups that helps to connect veterans and their families to these services. Lynda Davis, executive vice president of the Tragedy Assistance Program for Survivors, told Task & Purpose in an interview that the 5.5 million caregivers across the country support veterans of all the U.S. wars. Roughly 1.2 million of them are caregivers to post-9/11 veterans. "Our intention is to reach all of the 5.5 million caregivers," Davis said. "We provide an open, public, resource library on a variety of topics that are key to caregivers."

If you are not sure where to start, at http://www.va.gov/healthbenefits/resources/caregiver_eligibility_check.asp the VA offers an eligibility checklist at. However, Popoloski suggested that anyone caring for a veteran should consider contacting an advocacy group like Veterans of Foreign Wars, The American Legion, or TAPS for more information. If you need assistance in applying for VA's Comprehensive Assistance for Family Caregivers Program, or have questions about the Program, call them at 1-877-222-VETS (8387). [Source: Task & Purpose | Sarah Sicard | March 22, 2016 ++]

VA Care Under-Appreciated

Undeserved Negative Image

Seemingly, there is a public consensus to berate the Veterans Administration Health System. Media reports have sensationalized a few complaints creating and escalating an undeserved negative image. Any system, public or private, that serves 8.7 million people probably has periodic management challenges. Disparaging the entire system because of transgressions at a few sites generates indignation and great political theater while it unfairly damages morale among providers, staff and the veterans it purports to help. To a significant extent, accusations of incompetence and poor quality are unfounded. It is important to differentiate between anecdotes and data and even more important to avoid indictment of all 1,700 facilities because of the few that are poorly managed.

VA health care is a managed health system that **out-performs the private sector** in quality of care and patient safety. One of the most significant features is electronic health records. A veteran's medical records are available at any VA health facility to avoid repeating diagnostic testing or prescribing unnecessary or duplicative medication. It helps prevent accidental adverse drug interaction. The volume of data provides opportunities for data mining, resulting in measures implemented for evidence-based health care delivery. For instance, the VA ceased using the arthritis drug VIOXX two years before the private sector because the data showed it lacked efficacy and likely increased the risk of heart attacks.

The VA aggressively pursues medically indicated diagnostics and medically necessary treatment without regard to outside considerations, such as profit or payer source. The provider will spend the time necessary with a patient compared to the for-profit sector's typical seven minutes. Regular checkups and follow-up diagnostics and treatment are electronically tracked. The veteran's responsibility is simply to open his mail and show up for scheduled appointments. Ordering pharmaceutical refills is easily done by telephone or computer. Issues in the past few years are primarily limited to waiting lists. Once a veteran is picked up by the system, standard managed care is not compromised. Waiting lists for new patients are a function of increased numbers of veterans seeking services and the resources needed to hire staff. However, a June 2014 audit revealed the Eastern Oklahoma VA Health Care System scheduled new patients within 30 days and a wait time of two days for established patients. The private sector would struggle to achieve this metric. It is disingenuous for Congress to complain about the VA in general and wait times in particular without first furnishing the necessary resources.

The Eastern Oklahoma VA Health Care System serves 47,000 veterans in 25 counties. Its facilities include the Jack C. Montgomery Medical Center in Muskogee and outpatient clinics in Tulsa, Vinita and Hartshorne. Stipulating that some small percentage of patients have complaints, satisfaction exceeds 99 percent. The providers and staff demonstrate they care for veterans, care about excellence and are virtually always pleasant and professional. Unfounded public disdain is detrimental to quality of care. It diminishes the patient experience by introducing suspicion in the provider-patient relationship. It simply is not fair to veterans. [Source: Tulsa World | Readers Forum Opinion – Jim Wilson | March 16, 2016 ++]

VA Care Privatization

Commission on Care Lacks Vet Rep

Members of a congressionally appointed Commission on Care (CoC), many of whom are medical industry executives, are reportedly pushing lawmakers in Washington to support long-term plans to accelerate privatization of VA health care. American Legion National Commander Dale Barnett says such a proposal seriously undermines the committee's purpose – develop a 20-year strategy to provide timely, high-quality care for veterans who use Department of Veterans Affairs services – and raises conflict-of-interest concerns when those promoting privatization stand to gain financially if that becomes VA's future.

The 15-member commission, which began meeting last September, currently has no representation from any veterans service organization. A portion of that commission has developed what Barnett describes as a "straw man" proposal condemning the current Veterans Health Administration and promoting privatization instead. The commission,

according to a provision that created it as part of the 2014 Veterans Access, Choice and Accountability Act, reports to the president through the VA secretary. "I don't understand how commissioners paid by the federal government are able to break ranks, create an unapproved report and try to advance self-serving agendas while operating as congressional appointees," Barnett said.

The "straw-man" proposal to shoot down the current system and advance a VA privatization theory "uses highly subjective media sources as evidence and describes Medicare as a business model," Barnett said. "The proposal lacks any real understanding of the complexities of VA and serves primarily to set up the private industry to benefit. The American Legion does not want privatization of VA health care except in emergency situations and then only temporarily, until a long-term solution is achieved. Veterans believe VA's problems can be fixed and trust can be restored. The quality of VA health care continues to outperform the private sector in study after study. Veterans do not want a reduction of quality. They just want reasonable access to care."

The CoC was expected to have finished its work by February 2016 but requested a six-month extension on the basis that more stakeholders needed to be interviewed and consulted before a complete strategy could be revealed. The commission was structured to include at least one representative of a veterans service organization. That seat was given to AMVETS and filled by its former Executive Director Stewart Hickey, a former hospital administrator who has since parted ways with AMVETS, leaving VSOs with no seat on the commission. "In any discussion about the future of VA, the veteran stakeholder needs a place at the table, and decision-makers need to listen," Barnett said. "To deny veterans a voice in any such strategic planning is an invitation for failure and continued mistrust between those who served in uniform and the government they swore with their lives to defend." [Source: The American Legion | March 24, 2016 ++]

VA Care Privatization Update

HVAC Chairman Meeting w/CoC

HVAC Chairman Rep. Jeff Miller (R-FL), met with the Commission on Care (CoC) on 21 MAR to discuss what the VA health system should look like over the next few decades. The chairman and other congressional leaders championed legislation - the Veterans' Access, Choice, and Accountability Act of 2014, or Choice Act - establishing an independent Commission to make recommendations for needed health system reforms. Those recommendations are to be reported in June.

When a commissioner voiced concern about the possibility of the report falling through the cracks, Miller assured them, "This report will not sit on the shelf." Though the VA budget has increased nearly 86 percent since 2009, the chairman voiced concern over ongoing problems, seeing little improvement despite the unprecedented investment of money. Problems ranging from poorly managed construction projects to misconduct by VA employees are ongoing. Miller told commissioners the VA budget can't keep getting bigger, saying, "The VA's current fiscal path is not sustainable." He offered commissioners some suggestions on how to frame a new, more sustainable, veterans' health system for the future, addressing system accountability, infrastructure and property management, and "putting veterans in the driver's seat."

Miller questioned whether health coverage for a service-connected or combat-disabled veteran should be the same as a non-combat, non-service connected disabled veteran who served for a shorter period of time, and may have other health insurance. Regardless, Miller insisted the Veteran Health Administration of the future needs to be veteran-centric, empowering veterans to make their own health care choices. He also talked about the need for more community care so veterans have options, as envisioned in the Choice Program. It's not practical to have a medical facility near every veteran, and bringing new facilities on-line is an extended, expensive process, he noted. He asked the commission to seriously consider whether VA should continue to operate its own hospitals, because VA facilities are aging.

As Miller approaches retirement from Congress at the end of the year, he hopes the next chairman continues to exert the necessary oversight to reduce the bureaucracy between the Secretary and those in the field. "I want to see VA

transform into a model of accountability...bold changes will happen if veteran service organizations get behind Congress on these changes," he said. [Source: MOAA Leg Up | March 25, 2016 ++]

VA Gulf War Claims Update

VA Gets 'F' for Claims Approvals

The percent of disability claims approved by the Veterans Affairs Department for Persian Gulf War-related illnesses has declined steadily in the past five years, resulting in record lows, according to a new report from the advocacy group Veterans for Common Sense. In the first two quarters of fiscal 2015, VA denied nearly 82 percent of claims filed by Gulf War veterans for two main conditions presumed to be connected to their military service — chronic multi-symptom illness and undiagnosed illnesses. In 2011, the denial rate was 76 percent, Veterans for Common Sense director Anthony Hardie said.

The low approval rates, which "approach the limited odds of winning a scratch-off lottery," are a "complete contravention of 1998 laws passed to improve Gulf War veterans' ability to have their claims approved," Hardie wrote in testimony to two House Veterans' Affairs subcommittees Tuesday. "If we measure VA's success by how it has approved Gulf War veterans' claims 25 years after the war, VA has failed most ill and suffering Gulf War veterans," said Hardie, an Army veteran who served in the 1991 war as well as in Somalia. Nearly 700,000 U.S. service members deployed to the 1991 Gulf War, and 54,193 have filed disability claims for illnesses related to their service, according to a 2014 VA report. Roughly a fifth of those claims were granted, and of the denied claims 42 percent were approved for another condition other than a presumptive Gulf War-related condition, according to VA.

To qualify for disability compensation for Persian Gulf War-connected conditions, veterans must have developed one of a number of infectious diseases during their service or have undiagnosed chronic symptoms or a chronic disability that began either during service or after. Currently, the conditions must appear before Dec. 31, 2016, to an extent that they are at least 10 percent disabling, existed for at least six months and not be attributable to any other circumstance or cause for consideration. But during a joint hearing of the House Veterans' Affairs oversight and investigations and the disability assistance and memorial affairs subcommittees, veterans advocates pressed for an extension of the year-end deadline as well as improvements to the claims approval process.

Citing a recent report from the Institute of Medicine that found two conditions occurring in Vietnam veterans — bladder cancer and hypothyroidism — likely are linked to exposure to the defoliant Agent Orange more than 40 years ago, advocacy groups and members of Congress said the deadline should be extended for at least five years if not indefinitely. "VA has repeatedly extended the end date ... due to scientific uncertainty regarding the time period in which Persian Gulf War veterans have an increased risk of suffering from chronic illnesses. ... Little has changed with respect to the level of scientific certainty. Due to this continued state, VA should again extend the date of presumptive service connection," said Richard Spataro, director of training and publications for the National Veterans Legal Services Program. A VA official said the department is taking the steps needed to extend the deadline but the process has not been finalized.

Dave McLenachen, acting deputy undersecretary for disability assistance at VA, also said the department is working to improve claims processing for Gulf War veterans but its own internal reviews indicate a 90 percent accuracy rate for claims decisions. McLenachen added that VA has taken steps to improve and accelerate claims processing but he would return to his office to "see whether there was room for improvement." "I intend to look carefully at the testimony of the other witnesses and carefully consider their suggestions," McLenachen said. Rep. Mike Coffman, a Colorado Republican who served in the Persian Gulf War, pointed out that the claims process for Gulf War veterans warrants improvement since VA is failing to expedite claims designated as presumptive, a moniker that is supposed to accelerate the process, not delay it. "I am disappointed that the law was passed that a specific set of conditions is supposed to be presumptive and the VA does not appear to be following the law," Coffman said. [Source: Military Times | Patricia Kime | March 15, 2016 ++]

VA Health Care Access Update

Telephone Enrollment

The Department of Veterans Affairs (VA) announced 16 MAR that it has amended its enrollment regulations to allow Veterans to complete applications for enrollment in VA health care by telephone without the need for a signed paper application. The change is effective immediately for Combat Veterans and will be effective July 5, 2016, for all Veterans. This phased implementation accelerates VA's effort to enroll all Combat Veterans with pending applications as part of its ongoing Veterans Enrollment Rework Project. The VA is working to complete the review and rework of all pending health enrollment records for living and deceased Veterans this summer. Veterans can view the amended regulation on the Federal Register website <https://www.federalregister.gov>.

"This improvement to our Veterans' experience is one we can implement now, and it's the right thing to do for Veterans," said VA Deputy Secretary Sloan D. Gibson, "Enrolling all 31,000 Combat Veterans with pending applications is the top priority in our effort to fix our enrollment system. Our analysis of our current application process convinced me we could enroll Veterans more quickly using this method, particularly Combat Veterans and those who are transitioning from active duty to Veteran status," Gibson said. By adding this telephone application option to VA's regulations, VA will now offer three ways to enroll. This change provides Veterans an even more convenient way to apply for enrollment, in addition to the paper VA Form 10-10 EZ and online enrollment application process. With publication in the Federal Register today, Combat Veterans may now apply by phone. All other Veterans may apply by phone starting on July 5, 2016.

When Veterans choose to enroll, VA offers an enhancement to their enrollment experience through "Welcome to VA" (W2VA). Veterans enrolled since July 1, 2015 have received a personal introduction to VA health care services, programs and resources to help them become more familiar with VA's services. In addition, VA sends each new enrollee an introductory letter and personalized handbook in the mail. W2VA enhances communication by reaching out to newly enrolled Veterans through personal phone calls upon enrollment, providing assistance with health care inquiries and assisting with their initial appointment at their preferred VA healthcare facility. For more information, Veterans can contact the Health Eligibility Center Enrollment and Eligibility Division toll free at 1-855-488-8440. [Source: VA News Release | March 16, 2016 ++]

GI Bill Update

Defrauded Vets Benefit Restoration Request

Illinois Attorney General Lisa Madigan is pressing the VA to restore the benefits of student veterans who have been defrauded by "deceptive for-profit schools." Madigan, along with the state attorney generals of California, Connecticut, Kentucky, Massachusetts, New Mexico, Oregon, and Washington, sent a letter to U.S. Secretary of Veterans Affairs Robert A. McDonald demanding that the VA restore education benefits to vets who attended expensive and unaccredited schools, like the now-shuttered Everest College, which had six locations in Illinois that were operated by Corinthians Colleges, Inc. For more information on student veteran benefits or for-profit schools, Madigan encourages consumers to contact her Student Loan Helpline at 1 (800) 455-2456 (TTY: 1 (800) 964-3013). The letter signed by Madigan and other attorneys general is available on the Illinois Attorney General website at www.illinoisattorneygeneral.gov/pressroom/2016_02/Veteran%20Affairs%20Multi-State%20Letter.pdf. [Source: NAUS Weekly Update | March 25, 2016 ++]

VA Accountability Update

Survey Reveals Due Process Concerns

A massive veterans reform measure including new employment rules for senior officials and an overhaul of outside care programs could be on the Senate floor early next month, the chair of the chamber's Veterans' Affairs Committee said 15 MAR. Sen. Johnny Isakson (R-GA) said progress on the promised omnibus measure has picked up in recent days, and he is hopeful to have the package before House lawmakers with enough time for final passage before Memorial Day. While the legislation will include a host of changes requested by VA officials on program updates and improvements, Isakson

called new accountability provisions the centerpiece of the effort. “I’m not someone who likes to fire people, but sometimes you have to,” he told VA Secretary Bob McDonald at a hearing 10 MAR. “I want to give you the ability to hire good people, but I want you also to be able to hold them accountable.”

McDonald has requested changing employment rules for a host of department senior executives, allowing more flexible salary options and quicker hiring processes than federal rules allow. But they would also change disciplinary rules, allowing them to be fired more easily and limit appeals options to the secretary’s discretion. Lawmakers have offered support for the idea. Officials from the Senior Executive Association (SEA), which represents federal workers across a host of agencies, have voiced strong concerns. SEA officials released a survey of 236 current and former VA senior executives last week which panned the plans; two-thirds opposed the idea, and more than half thought the plans would scare individuals away from seeking VA jobs. But McDonald said the changes would “treat health care career executives more like their private-sector counterparts,” giving them “accountability policies comparable to those of the physicians and dentists they lead.”

The proposed move comes after a series of high-profile failures by the department to discipline executives. Lawmakers have blamed a culture of corruption within the federal worker ranks for the problems, while workers’ advocates have blamed past congressional efforts at changing disciplinary laws for the difficulties. Members of Congress have also criticized VA for mistakes in standing up the new Choice Card program, designed to expand outside care options for veterans who face long wait times or long travels to see VA physicians. McDonald has asked for consolidation of a host of outside care programs, including the Choice Card efforts, to better coordinate external care for veterans with internal programs. Isakson hinted that lawmakers are supportive of that change.

The issues of accountability and outside care were at the heart of the last major veterans reform measure, passed in summer 2014 at the height of the department’s patient wait time scandal. It was signed into law just days after McDonald was confirmed as head of the department. That measure has met mixed success, with billions set aside for hiring physicians and leases but uneven progress on department firings and coordination with private physicians. House officials have passed a series of more minor department reforms in recent months, and have said they hope to work with the Senate on including them in the larger package. Isakson’s counterpart — House Veterans’ Affairs Chairman Jeff Miller (R-FL) — last week announced his decision not to run for re-election this fall, but getting the omnibus through his chamber is one of his remaining congressional goals. [Source: Military Times | Leo Shane | March 15, 2016 ++]

VA Accountability Update

Acting VBA Chief Suspension

The Department of Veterans Affairs is suspending the head of the Veterans Benefits Administration for allowing two lower-ranking officials to manipulate the agency’s hiring system for their own gain. Deputy VA Secretary Sloan Gibson says acting VBA chief Danny Pummill will be suspended without pay for 15 days for his role in a relocation scam that has roiled the agency for months. Pummill failed to exercise proper oversight as Kimberly Graves and Diana Rubens forced lower-ranking managers to accept job transfers and then stepped into the vacant positions themselves, keeping their senior-level pay while reducing their responsibilities, Gibson said 22 MAR. Pummill is one of VA’s five highest-ranking officials and leads VBA’s employees across 56 regional offices nationwide that provide compensation and pension benefits, life insurance, home loans and other services to millions of veterans. Under VA rules, Pummill can appeal his suspension to an independent arbiter.

Pummill was the VBA’s deputy chief when Rubens and Graves implemented the job relocations, which put both of them closer to their families. Pummill replaced former VBA chief Allison Hickey, who retired as allegations against Rubens and Graves were made public. Rubens earns \$181,497 as director of the VBA’s Philadelphia regional office, while Graves receives \$173,949 as head of the St. Paul, Minnesota, benefits office. Graves and Rubens were reprimanded Tuesday and had their pay cut by 10 percent. The two women were reinstated to their positions last month after administrative judges overturned their firings. The judges based their rulings, in part, on the fact that more senior officials such as Pummill had not been disciplined in the case. In a related action, the VA said it has reprimanded Beth McCoy, director of field operations for the VBA. Gibson said McCoy did not exercise proper judgment in taking over for Rubens as heads of field operations.

Gibson said the disciplinary actions were in the best interests of veterans and taxpayers. "Ultimately, that is what these decisions are about: getting back to the work of serving America's veterans," he said. Rep. Jeff Miller (R-FL), chairman of the House Veterans Affairs Committee, called the actions "a weak slap on the wrist." Accountability at the VA "is almost non-existent," Miller said. "One thing is clear: this dysfunctional status quo will never change until we eliminate arcane civil service rules that put the job security of VA bureaucrats ahead of the veterans they are charged with serving." [Source: Associated Press | Matthew Daly | March 22, 2016 ++]

VA Accountability Update

Puerto Rico VAMC Hiring/Firing Policy

A House lawmaker is demanding answers from the Veterans Affairs Department over how an employee fired after being convicted of charges related to a 2015 armed robbery could win her job back. Rep. Jeff Miller, a Republican from Florida and chairman of the House Veterans Affairs Committee, also wants to know if Elizabeth Rivera's termination from the VA hospital in San Juan, Puerto Rico, was challenged "by the fact that the HR [Human Resources] manager responsible [for] imposing her discipline, Mr. Tito Santiago Martinez, is a convicted sex offender."

In a 22 MAR letter to VA Secretary Bob McDonald, Miller said, "The union allegedly asserted that Ms. Rivera should be reinstated in her job since Mr. Santiago was also convicted of a crime and therefore cannot discipline other employees who have been convicted of crimes." Miller sent the letter the same day The Daily Caller reported that Rivera was arrested in connection with an armed robbery last year. According to a 16 JUN online report on the San Juan news site Metro, Rivera was in a car with Rolando River Febus when Febus stepped out of the vehicle armed with a gun and attempted to rob a couple. Local police spotted the incident and Febus fled on foot, leaving Rivera in the car. Although initially charged with armed robbery, she ultimately pled guilty to two misdemeanor charges, according to the Caller report, which did not detail the charges.

Miller said he wants to know exactly why her firing was overturned, who made the call and what role Martinez played. He also wants to know if media reports are accurate in claiming Rivera wore a GPS ankle monitor when she first went back to work, if she was given back-pay for the time she missed while in jail or after she was fired; why she wasn't fired for missing work while in jail; and why someone awaiting trial for armed robbery was assigned to the office responsible for security at the hospital. Miller told McDonald he also wants all paperwork associated with Rivera's dismissal and reinstatement, including an unredacted copy of her personnel file and copies of any paperwork of her grievance process, including a hearing transcript.

Axel Roman, a spokesman for the VA hospital in San Juan, told Military.com that under federal law, criminal prosecution or conviction for off-duty misconduct does not automatically disqualify an individual from federal employment. "The administrative discipline process for poor performance or misconduct on the job operates distinctly from the administrative process associated with off-the-job misconduct," Roman said in an email. "Accordingly one is not necessarily impacted by the other." Roman's response suggests that the disciplinary action taken against Rivera -- and subsequently reversed -- dealt with her job performance or conduct and not the armed robbery, though he did not respond when Military.com asked for clarification. VA officials in Washington, D.C., did not respond to Military.com's request for comment.

Miller first began inquiring about Rivera in September after learning of her arrest. At that time, she was still facing charges but had not gone to trial. The Caller reported that she was detailed to VA police and security so that she did not interact with veterans. In his letter, the congressman said San Juan officials did not tell him in September that she was detailed to facility security. According to news reports, she was subsequently fired and in February pleaded guilty to the two misdemeanor offenses, with the armed robbery charge dropped. But she appealed and earlier this month the firing was overturned and she was returned to her job, Miller told McDonald. "It defies all logic that a person who allegedly pleads guilty to a serious crime would be allowed to continue to work at an agency with such an important mission," Miller said. "I am also concerned that the actions taken by the Department in this case are yet another example of VA's inability to adequately discipline and remove employees who clearly do not share the Department's mission or core values."

The decision to reinstate Rivera follows the reinstatement of two Senior Executive Service employees who VA demoted and reassigned for allegedly using their authority to manipulate the hiring system to maneuver themselves into particular jobs. The demotions and reassignments of Diana Rubens, director of the VA regional office in Philadelphia, and Kimberly Graves, regional director of the VA office in St. Paul, Minnesota, were overturned only days apart in late January and early February. [Source: Military.com | Bryant Jordan | Mar 23, 2016 ++]

Veteran ID Card Update

Obtainment Options

On July 20, 2015, the president signed into law the Veterans Identification Card Act of 2015. This act allows Veterans to apply for an identification card directly from VA. The VA identification card will allow Veterans to demonstrate proof of service for discounts at private restaurants and businesses. It should be noted that the identification card is different from a Veteran Health Identification card or a DoD Uniformed Services or retiree ID card. As such, the VA identification cards cannot be used as proof of eligibility to any federal benefits and does not grant access to military installations. When available, Veterans will be able to request an ID card from VA for a fee. VA is currently making plans to implement the new law in the most efficient and cost-effective way possible while protecting Veterans' personal information. We estimate that VA will be able to implement the program in 2017. The cost of each card has not yet been determined. In the meantime, Veterans who would like an identification card that displays their military service do not have to wait until VA implements the new law. You have several options:

- You can access and print a free Veterans identification card through the joint VA/DoD web portal, eBenefits. This paper identification card serves as proof of honorable service in the Uniformed Services, as defined in laws about the Department of Defense (DoD). Veterans can get a free eBenefits account by going to <https://www.ebenefits.va.gov/ebenefits/homepage>.
- Your driver's license or state identification card can carry a Veteran designation. This option is currently available in 49 states, along with Puerto Rico and the District of Columbia. We expect the 50th state, Washington, to offer this service in August 2017. Veterans wanting more information should contact their state department of motor vehicles or state department of Veterans affairs at <http://www.va.gov/statedva.htm>
- Veterans who are enrolled in VA health care can obtain a free Veterans Health Identification Card (VHIC). For more information, please go to <http://www.va.gov/HEALTHBENEFITS/vhic/index.asp>.
- Veterans who have retired from military service can receive an identification card from DoD. For information on obtaining or renewing such a card, please contact your nearest DoD identification card facility. You can find the location of these facilities through this link: <https://www.dmdc.osd.mil/rsl/appj/site> [Source: VAntage Point | March 24, 2016 ++]

Veterans In Government

Too Few in National Security Roles

Former Defense Secretary Chuck Hagel worries that too few veterans are helping shape national security decisions today. On 22 MAR, during comments at a HillVets event across the street from the U.S. Capitol, Hagel said the lack of veterans in key political posts has left a "deficit" in critical military and security discussions, and helped widen the knowledge gap between civilians and those who served in the military. "When you look at the presidential candidates today, not one is a veteran," Hagel told the crowd of more than 200. "Our current president and vice president are not veterans. The entire senior White House security staff, none are veterans.

"That doesn't mean they're bad people, that doesn't mean they're not smart, that doesn't mean they don't care about this country. But there is something missing here. And at a time when everything is hair-triggered, everything is nitro glycerine, and miscalculations can lead to a lot of trouble, we need veterans input." Hagel's remarks were part of a

larger event by HillVets to highlight contributions by military, veterans and advocates in politics and wider cultural efforts. The group honored Shaye Lynne Haver and Kristen Marie Griest, who last August became the first women to graduate from Army Ranger School, with a new leadership and service award. Hagel praised their accomplishments and called the entire U.S. military the best trained and most skilled fighting force in the world. But he also said he worries that too few Americans understand what that means.

"You all know the numbers — less than 1 percent of our society serves," he said. "That does not mean this country doesn't value our military or doesn't value our veterans. Of course they do. "But there is developing a wider and deeper gap between civilian society and our military, and our veterans." The former defense secretary and two-term senator said he wants to see veterans in government "in all capacities," including federal staffers and elected offices. In the late 1970s, more than 70 percent of Congress has military experience in their backgrounds. At the start of the current Congress, that number dropped below 20 percent. "We're losing that perspective, and it's not good for our country," he said. "It's not good for our policy making. We need the input of our veterans." [Source: Military Times | Leo Shane | March 23, 2016 ++]

Vet Unemployment Update

Post-9/11 Vet 2015 Rate Lowest Ever

The annual unemployment rate for the latest generation of veterans in 2015 was the lowest ever recorded — by far, government statistics indicate. Post-9/11 veterans charted an average unemployment rate of 5.8 percent for the year, according to a Bureau of Labor Statistics report released today, down significantly from the 7.2 percent posted last year. Not only is the annual rate for 2015 significantly lower than any other annual rate in the group's history, it's also lower than all but a few of the pre-2015 monthly unemployment rates, which are volatile and prone to dramatic increases and decreases. Veteran employment experts attributed the employment gains to an improving economy, combined with an intense focus on the issue from public and private sectors alike. Still, they emphasized that there is work left to do. "That doesn't mean it's time for a victory lap or anything like that," said Ryan Gallucci, Veterans of Foreign Wars deputy director for national veterans service.

The unemployment rate for post-9/11 veterans has been on a wild ride since the Bureau of Labor Statistics began to track it in September 2008. Starting with a 7.5 percent average that year, post-9/11 veterans' unemployment climbed to double digits in 2009-2011, as the recession deflated the national economy. Several jobs reports for individual months climbed into the teens over these years, which charted annual unemployment rates of 10.2 percent, 11.6 percent and 12.0 percent, respectively, for post-9/11 vets. Then 2012 brought the average annual unemployment rate just under 10 percent, followed by a further drop in 2013. The 2014 rate of 7.2 percent — though greatly surpassed by 2015's rate — was itself a record low when it came out last year. Indeed, 2015 was a year of records for post-9/11 veteran unemployment in many ways.

- New record lows were set in the monthly jobs reports three times that year, and six of the eight monthly reports from May until the end of the year charted either the lowest or the second lowest unemployment rates ever recorded at the time they came out.
- Unemployment rates for post-9/11 veterans remain slightly higher than those of nonveterans, who charted a 5.2 percent rate in 2015, down from 6 percent in 2014.
- For veterans of all generations, the unemployment rate fell to 4.6 percent in 2015, down from the 2014 rate of 5.3 percent.

"Some of the improvement in the unemployment rate for veterans across the board has happened somewhat in parallel with the overall reduction in our nation's unemployment numbers over the last five to six years," Jack Norton, a spokesman for the U.S. Chamber of Commerce's Hiring Our Heroes program, said in an emailed statement. "At the same time, though, through much of our effort, businesses of all sizes have been reminded of the value of veterans as employees and have strengthened their veteran hiring programs as a result," Norton's statement added. Hiring Our Heroes and several other vet hiring groups and initiatives, some joining companies that account for wide swaths of the nation's economy, formed in the darker days of vet employment to help vets find jobs. VFW's Gallucci acknowledged the role of such groups in the collapsing vet unemployment rates and also credited some government efforts. "We attribute it to improvements in the transition assistance program and improvement in the job market generally," he said.

Still, he identified TAP as a program that itself has room for improvement, adding that its curriculum should be easily accessible to vets after they leave the military and that the federal government needs to better track how veterans do in the job market. "It needs to be a sustained mission of the military, the way that recruitment and retention is a sustained mission of the military," he said. A written statement from Iraq and Afghanistan Veterans of America similarly expressed caution. "While IAVA is encouraged by progress, there is still much work to be done. Sustainable change will require not just jobs but investments in long-term careers for this next generation of leaders," the statement said. [Source: Military Times | George R. Altman | March 22, 2016 ++]

Vet Jobs Update

Best For Vets | Employers 2016

Should you base your civilian career on your military job? Many service members use their transitions out of the military as a chance to start over and ditch the career paths that their military occupations started them on. Doing so comes with advantages and disadvantages, all of which transitioning veterans should weigh carefully. If you have a decade's worth of military experience in a field that translates well into the civilian world, changing course could force you to start at the bottom, with a salary to match, rather than at a higher level that recognizes the technical skills you learned in uniform. "When you work from weakness, it only makes it more challenging," said Evan Guzman, head of military programs and veteran affairs at Verizon, which tops MilitaryTimes' Best for Vets: Employers rankings for the second consecutive year.

On the other hand, if Uncle Sam stuck you with a job you hate, you're likely not doing yourself any favors in the long-term by seeking a similar civilian position. "What I always tell veterans is: Don't go for the job that you fit; go for the job that you want," said Michael Donoghue, a partner at PwC, a professional services firm formerly known as PricewaterhouseCoopers, which landed the fourth spot in our rankings this year. "Happy people work harder — and make more money." In addition to Verizon and PwC, Union Pacific Railroad, USAA and BAE Systems round out the top five companies on our Best for Vets: Employers 2016 rankings.

A record number of companies took part in our survey this year, which included more than 90 questions that explored in detail company culture, recruiting, policies and reservist accommodations. Competition was stiff for companies, but what they told us was largely good news for vets. All but one company that responded to our survey told us that they were actively looking for new employees to hire now. And the other one indicated that it planned to do so within the next year. Veterans accounted for more than 13 percent of the employee populations for responding companies and more than 17 percent of new hires, likely a result of a conscious focus on vet recruiting. On average, the companies dedicated one-fifth of their recruiting budgets to military-connected employees. They attended an average of nearly 39 military/veteran job fairs in the last year. More than three quarters of companies specially track applications for veterans, and about four in 10 give vets either a significant or slight preference in the hiring process. An average of four employees at each company spend most of their time working either to recruit or support military-connected employees. And more than 85 percent offer training on military culture, career paths and related matters. Better than three-quarters have a military affinity group at the company.

These efforts appear to start at the top. A remarkable 95 percent of responding companies reported having at least one service member, veteran or military spouse in the ranks of their senior leadership. And more than one-third have received the Secretary of Defense Employer Support Freedom Award, the highest award given by the federal Employer Support of the Guard and Reserve organization. If you do want to stick with your military job as a civilian, one of the best places to look may be a defense contractor, such as BAE Systems. "They're working on some of the same platforms, some of the same equipment ... that they were using when they were active duty," said Chris Davison, the company's veteran recruiting and warrior integration program manager. "So it's really just a nice transition." As a worldwide company with tens of thousands of employees and lots of projects across a wide variety of areas, BAE has need for many different types of employees, he added. "There's so many things that we do, we can accommodate almost any occupation out of the military," Davison said.

While the banking and insurance work that USAA handles is much further from the battlefield, the company's focus on customers who are current or former service members, or their families, makes vet employees just as crucial to their

business. Accordingly, the company has developed several programs to attract veterans to their workforce — some of which enhance vets' existing skills, some of which teach them new skills from scratch. A new program will bring in former officers — from junior military officers and noncommissioned officers to field-grade and company-grade officers — and build on their leadership experience by teaching them finer points of the civilian business world, thus positioning them to quickly climb the ranks at USAA. The Combat to Claims program teaches recently separated veterans to start careers as insurance claims adjusters. And over the course of 22 weeks, the VetFIT program takes veterans with zero information technology knowledge, teaches them Java and shows them how to use it in the business setting while getting paid, then hires them in the USAA IT department.

Former Army Sgt. **Andrew Means** said he had a "hard fail" in a computer programming class in college. "I felt like I wasn't grasping the concepts," he said. Still, he gave the VetFIT program a try after a former soldier from his unit recommended the program to him. About halfway through at this point, he describes the program as "fully immersive." "The rate at which we're learning stuff far exceeds anything in the civilian sector outside of this program," Means said. "I'm able to pick it up so much easier here."

Veterans, as well as company leaders behind programs to recruit and support veterans, all recommended that service members leaving the military approach the transition seriously, even as a job in itself, assessing their internal desires and their realistic options in the outside world. "They need to do research," said Ruben Lopez, a former Army captain who now works as a general superintendent for Union Pacific. He added that an infantry soldier who thinks he has no applicable civilian skills shouldn't just assume that's the case. "There are some websites — we have one on Union Pacific — where it takes your military skill and converts it to basically a job skill or a position," Lopez said. Experts inside and outside of the military recommend that vets start planning their transitions 18 months before separating from the military.

For **Matt Woyton**, that wasn't possible. The Army staff sergeant was medically retired in early 2015 and had only a few months' notice that it was coming. "I have a wife and two kids, so getting out of the military was by far the scariest thing I've ever done," Woyton said. He recalls his wife breaking down crying, worried about how the family would support itself. But Woyton had days earlier posted his résumé on a website used by a variety of companies to find potential vet employees: recruitmilitary.com. The next Monday, he got a call from Verizon. That call turned into a job teaching Verizon employees to climb utility poles, a significant departure for a person who served in the military police. Yet he soon found himself in a management position, leading an installation and maintenance team. "It was never something I thought I'd do," Woyton said. But "I don't regret it at all. It was a great decision, and I'm very happy so far." To view the MilitaryTimes 'Best For Vet's listing and/or the methodology by which the survey was conducted refer to:

- The list: <http://bestforvets.militarytimes.com/best-employers-for-veterans/2016>
- The methodology: <http://www.militarytimes.com/story/veterans/best-for-vets/2016/03/21/methodology-best-vets-employers-2016/81918162>

[Source: Military Times | March 21, 2016 ++]

VA Accountability Update

Bill Prohibits Exec Performance Awards

Senior executives at the Veterans Affairs Department would not receive bonuses in fiscal 2017 under a major House spending bill unveiled on 22 MAR. A provision in the fiscal 2017 Military Construction and Veterans Affairs Appropriations bill prohibits the department from using any funds in the legislation for senior executives' performance awards. It's the first time the language has been included in the base MilCon-VA spending bill. An amendment banning bonuses for all VA senior executives was successfully added to the fiscal 2016 MilCon-VA legislation, but was not included in the eventual omnibus package Congress had to pass at the end of last year to avoid a government shutdown. There have been other legislative efforts over the past few years to limit or prohibit VA's senior executive corps from receiving annual performance awards, which they are eligible for under Title 5.

The House Military Construction and VA Appropriations Subcommittee was scheduled to mark up the legislation on 23 MAR. The press release accompanying news of the fiscal 2017 MilCon-VA bill said the legislation included the VA senior executive bonus ban "to stop taxpayer funded rewards to underperforming or poorly performing employees." But senior

executives who receive a “less than fully successful” performance evaluation already cannot receive a performance award under Title 5. Jason Briefel, interim president of the Senior Executives Association, called on House lawmakers to “carefully review SEA’s survey of VA executives to learn how their actions are contributing to a toxic atmosphere, and how they ultimately share in the responsibility for VA’s troubles filling executive leadership roles.” Briefel pointed to the more than 70 percent of the survey’s respondents who expressed frustration with, and a fear of, Congress, saying that “draconian and punitive measures that undermine the secretary’s ability to reward exemplary performance is certainly not a solution to this problem.”

The VA is seeking more flexibility in how it hires, pays and fires its senior executives. VA Secretary Bob McDonald and others have talked about the difficulty the department has had in competing for top medical talent. As of late January, nearly 30 percent of the department’s SES slots were vacant, while 70 percent of the current corps is eligible to retire immediately or will become eligible in 2016. A Nov. 11, 2015, USA Today report found that the VA paid out more than \$142 million in performance-based bonuses in 2014 to senior executives and other employees despite the department’s wide-ranging management problems. At the time, the newspaper’s editorial board criticized the department for rewarding employees involved in mismanagement with bonuses. “Misbegotten bonuses are not the VA’s most vital concern, but they’re a troubling sign of ongoing dysfunction,” the piece stated. “If the agency can’t even stop handing out rewards to employees implicated in scandals, prospects seem poor that it can fix its far more complex problems.”

According to the Office of Personnel Management, VA in fiscal 2014 rated just 19.1 percent of 272 senior executives (career, non-career, and limited term) in the department at the highest level, which determines performance awards. That percentage was the lowest reported government wide. Thirty-six percent of the VA’s career SES received a bonus in fiscal 2014, also the lowest percentage reported among the major agencies, according to the OPM report. The average individual performance award for career senior executives at VA in fiscal 2014 was \$9,450 – among the lowest across government. [Source: GovExec.com | By Kellie | March 22, 2016 ++]

GI Bill Update

H.R.3016 Cuts Housing Stipend for Vet Dependents

New legislation would reduce the housing allowance for dependents using the GI Bill. That has some advocates worried. In February 2016, despite strong opposition from Iraq and Afghanistan Veterans of America (IAVA), the House Veterans’ Affairs Committee successfully pushed the Veterans Employment, Education, and Healthcare Improvement Act through the House. The bill, H.R.3016, includes a provision that would cut the monthly housing stipend for the dependents of veterans attending school on the Post-9/11 GI Bill in half. The cuts “were necessary to offset, or pay for, other aspects of the bill,” a committee spokesman told the Military Times.

Now, just a few years after it went into effect, IAVA’s legislative director Tom Porter and his colleagues fear the Post-9/11 GI Bill is under siege. “It’s a slippery slope,” Porter said. “Once you start cutting into the Post-9/11 GI Bill, once you break this piggy bank open, it’s going to be harder and harder to put it back together again. It’s such a significant benefit. They’re going to keep coming back for it.” According to numbers provided by the Department of Veterans Affairs, the spending estimate for the Post-9/11 GI Bill for FY2016 is just over \$12 billion (about 14% of the overall FY2016 VA spending estimate of \$167 billion). If, as in 2015, 100,000 children of veterans attend college on the Post-9/11 GI Bill this year, the VA would save approximately \$78.3 million in FY2016 if the monthly housing allowance for dependents were cut in half. That’s roughly .64% of the Post-9/11 GI Bill spending estimate and less than .05% of the VA’s overall budget.

In an emailed statement to Task & Purpose, Republican Rep. Jeff Miller of Florida, the chairman of the House Committee Veterans’ Affairs who announced his retirement in March, argued that the money saved from the cuts would be put to better use elsewhere. “We made a decision that taxpayer dollars would be better invested in expanding benefits for widows and children of deceased troops as well as veterans’ newborn babies than what in many cases are payments that go thousands of dollars above and beyond what the housing stipend was designed to cover,” he wrote.

In the same email, a House Veterans Affairs’ Committee staffer further explained the logic behind the proposed legislation. *“It’s important to note that the Post-9/11 GI bill housing stipend was designed to cover housing costs – not provide thousands of dollars in extra income per year. But when it comes to post-9/11 GI Bill beneficiaries who are*

children of service members, in many cases the stipend is doing the latter. HR 3016 adjusts the housing stipend for this group to align the benefit more closely with actual housing costs for the average, single college-age adult."

The staffer also referred to a 2015 report by the Military Compensation and Retirement Modernization Commission, which recommended that the housing stipend be cut entirely for both the children and spouses of eligible veterans. The report appears to have served as the primary basis for the House Veterans Affairs' Committee's assertion that the Post-9/11 GI Bill housing stipend for dependents was too generous. "[According] to the commission, a student receiving this benefit and attending New School University in 2013-2014, which reportedly had the highest room and board costs in the country, would have received more than \$13,000 above the actual cost of room and board," the staffer wrote.

According to the New School University's website <http://www.newschool.edu>, the cheapest on-campus housing for the 2013-2014 school year was a triple/quad room in the 20th Street Residence in lower Manhattan, where cost per school year (nine months) was \$14,500 plus a mandatory \$600 meal plan. In 2013, the Post-9/11 GI Bill housing allowance for lower Manhattan was \$3,258 per month for every month the student was in school. In 2014, the monthly stipend was \$3,744. That means a dependent would have received roughly \$31,752 from the VA for room and board had he or she attended the New School full time as an undergraduate during the 2013-2014 school year. Subtract \$15,100 from \$31,752 and you arrive at the "thousands of dollars in extra income per year" Miller referred to in his email.

But what if the student in question didn't live in on-campus housing, as many don't? In New York City the average monthly rent for a one-bedroom apartment was \$2,995 in 2014, according to real estate site Zumper. Now, multiply \$2,995 by nine months and what do you get? \$26,955. That's \$4,797 less than the \$31,752 a dependent would receive for room and board from the VA if he or she was attending the New School — and that \$26,955 doesn't cover other living essentials, like food and subway cards. We must also consider the fact that the Post-9/11 GI Bill's tuition cap for private schools in New York is just under \$22,000 per year — the exact tuition cost for the New School per semester. If the student is awarded the Yellow Ribbon scholarship, the remaining balance on the annual tuition is almost covered. If not, each school year will put the student about \$22,000 deeper into debt.

The point of all this is to demonstrate that Miller's claim that veteran dependents are making "thousands of dollars in extra income per year" off the Post-9/11 GI Bill is, to some extent, misleading, even given their own example of the New School in New York City, which is hardly analogous to the average college experience. Still, one could argue, as Miller does, that the taxpayer money being spent on monthly housing stipends for dependents could be better spent on veterans elsewhere. But that argument seems to overlook the fact that in a situation where a dependent isn't able to afford full college tuition, room, and board, the financial burden is simply being transferred from the taxpayer back to the veteran, whom, of course, the GI Bill was created to help in the first place. "Some people will say, 'Oh, this doesn't impact the service member or the spouse,' said Porter of IAVA. "But if you ask me, does the education of my child affect me and my wife? It absolutely does. Although it affects the dollars that go to the child, it affects the entire military family."

According to numbers provided by IAVA, nearly a million spouses and dependents have used the Post-9/11 GI Bill since 2010. And despite the multibillion dollar price tag, most Americans would probably agree that's a good thing. After all, that money was earned by people who served our country honorably during a time of war, oftentimes at the expense of pursuing higher education themselves. Of course, there's also a bigger benefit to society as a whole. When IAVA pushed for the Post-9/11 Veterans Education Assistance Improvements Act of 2010, which made it possible for veterans to transfer benefits, it did so knowing that for many potential and currently serving military personnel, the GI Bill has a powerful appeal. "People join the military for different reasons," Porter said. "Some to be a patriot. Some to travel. But many join because, hey, this is my way to get an education, or, hey, this is a way to get an education for my child or spouse."

Right now, a service member is given the option of transferring his or her Post-9/11 GI Bill to a spouse or dependent upon reaching their six year mark, at which point they must extend for an additional four years. Porter said he fears that if the value of that benefit is reduced, as it will be if H.R.3016 is successfully pushed through the Senate, fewer service members will opt to make careers of the military at that crucial six year juncture when many are debating whether to stay in or get out. But as our military footprint overseas continues to dwindle, is Congress beginning to reform and

reduce the GI Bill as a 'wartime' benefit? "We still have service members in Iraq and Afghanistan right now," Porter said. "And they're going to be there for the foreseeable future. We have to be able to keep our promises to them, and not let up, even as those wars end up in the rearview mirror for some people." [Source: Task & Purpose | Adam Linehan | March 16, 2016 ++]

PTSD Update

PAWS Act H.R. 4764 | Service Dogs for Wounded Vets

Veterans with severe post traumatic stress disorder could get a service dog with help from the government under a bill introduced 16 MAR in the House. The bill H.R. 4764, dubbed the Puppies Assisting Wounded Servicemembers (PAWS) Act, would create a five-year, \$10 million pilot program to have the Department of Veterans Affairs help pair veterans suffering from PTSD with a service dog. "The PAWS Act is a simple bill that could have a dramatic – and potentially life-saving – effect on the lives of many," Rep. Ron DeSantis (R-Fla.) said in a written statement. "As we face an epidemic of veteran suicides, we must make sure that all of our returning servicemembers are honored and taken care of, no matter the wounds they bear." The bill is meant to help post-9/11 veterans whose previous PTSD treatment hasn't sufficed. Under the bill, those veterans would be referred to an Assistance Dog International-accredited organization or private provider to be paired with a dog.

The VA would pay the organizations for the dogs, at no more than \$27,000 per dog. The VA would also provide the veterans with veterinary health insurance for their dogs. In turn, the veterans would have to see a VA physician or mental health care provider at least quarterly. "Thousands of our post-9/11 veterans carry the invisible burden of post-traumatic stress, and there is an overwhelming need to expand the available treatment options," DeSantis said. "The VA should use every tool at their disposal to support and treat our veterans, including the specialized care offered by service dogs." The bill is co-sponsored by Republican Reps. Mike Bishop (MI) Bradley Byrne (AL), Renee Ellmers (NC), Bill Flores (TX), Tom Rooney (FL), Keith Rothfus (PA), Matt Salmon (AZ.), Elise Stefanik (NY), Martha McSally (AZ), Mark Meadows (NC), Richard Nugent (FL) and Randy Weber (TX), and Democratic Reps. Tulsi Gabbard (HI), Hank Johnson (GA) and Kyrsten Sinema (AZ). [Source: The Hill | By Rebecca Kheel | Mrch 16, 2016 ++]